LIFE CARE PLAN

FOR

SAVANNAH HILL

LIFE CARE MANAGER, L.L.C.
Susan Riddick-Grisham, RN, CCM, CLCP
Life Care Planning
Care Management

3126 West Cary Street, #137
Richmond, Virginia 23221
800-252-1094

Client: Savannah Anne Hill
Address: 3612 Hickory Hammock Loop
Wesley Chapel, FL 22544

Date of Birth: 7/27/2003
Date of Injury: 7/27/2003

Referral: David and Janelle Hill
3612 Hickory Hammock Loop
Wesley Chapel, FL 22544

Date of Report: April 13, 2009

Introduction:

Savannah Hill has been referred for development of a Life Care Plan (LCP) which will assess the extent to which handicapping conditions will impact on her ability to live independently. The LCP will outline her future needs in the areas of medical and therapeutic care, medications and supplies, home care assistance, equipment and transportation, as well as the long-term living options that will provide her the highest quality of life in the least restrictive environment.

Records/Information Reviewed

- Loudoun Hospital Center
  Admission
  Sunil Gupta, MD
  7/27/03 – 7/29/07

- Inova Fairfax Hospital
  Admission
  7/29/03 – 8/12/03

- Inova Fairfax Hospital
  Retinal Consultants
  Daniel Berinstein, MD
  7/29/03 – 9/29/03

- Pediatric Hematology and Oncology of Northern Virginia
  Marci Weil, MD
  Eva Pendahl-Wallace, MD, PhD
  8/1/03 – 12/5/03

- Inova Pediatric Forensics
  Kent Hymel, MD
  8/8/03

- Children's Naval Medical Center
  William McClintock, MD
  9/8/03

- Ashburn Pediatrics
  Maura K. Carroll, MD
  9/13/03 – 8/4/04

- Family Health Center Fairfax
  Vatsala Topiwaler, MC
  10/6/03

- Naval Hospital Camp Pendleton
  Richard Birdson, LTC, MC
  Ophthalmologist
  10/6/03 – 3/15/04

- Infant and Toddler Connection
  Fairfax/Falls Church Early Intervention Services
  10/7/03 – 8/4/04

- Naval Hospital Camp Pendleton
  Audiology/Otolaryngology
  Gretchen Taylor, MD, USN
  Margaret M. Jylkka, Audiologist
  10/9/03 – 11/10/04

- The Wilmer Ophthalmology Institute
  James Handa, MD
  10/25/03

- Fairfax County Public Schools
  Screening
  10/28/03

- Inova Fairfax Hospital
  Pediatric Neurosurgery
  Gary Maygram, MD

10/30/03

- Walter Reed Army Medical Center
  W. C. Young, USAF, MC
  Neurologist
  10/31/03 – 5/6/04

- Walter Reed Army Medical Center
  Nona Cedrone, MPT
  Mark Farinas, MD, OTR/L
  11/12/03

- Walter Reed Army Medical Center
  Infant Motor Clinic
  Ata Yazdani, MD
  12/2/03

- The Hearing Health Care Center of Manassas, Inc.
  Mary Jo Grote, MD, CC-A
  12/16/03 – 7/28/04

- Naval Hospital Camp Pendleton
  Pediatric Neurology
  William Young, USAF, MC
  1/6/04 – 5/6/04

- Children's National Medical Center
  Emergency Department Evaluation
  4/4/04

- Naval Hospital Camp Pendleton
  Pediatric Clinic
  10/6/04 – 9/11/06

- Children's Hospital and Health Center
  Monica Hoffer, OT and PT
  11/11/04 – 11/16/04

- San Diego Regional Center
  Developmental Disability Evaluation
  Joan M. Reese, MD
  11/23/04

- Neuromuscular Clinic
  J. White, CAPT, MC
  Susan Smith, PT
  12/2/04

- California Children Services
  Shirin Ihani, MPT
  Nancy Washwell, OTR/L
  12/3/04 – 12/6/04

- Naval Medical Center
  Jacqueline Kovacs, CDR, MC
  Neurologist
  12/3/04

- National Medical Center Vista Therapy Unit
  Jeffrey Cassidy, LCDR, MD
  Orthopedist
  12/8/04 – 3/1/06

- Children's North County Center Developmental Services
  Wendy Schofer, MD
  Deborah Llewellyn, MA, CCC
  Jennifer Huh, MS, CCC
  12/9/04 - 2/23/06

- (Rady)Children's Hospital and Health Center
  Maureen Miller, MA, CC-A, Audiologist
  12/22/04 – 5/23/07

- Naval Medical Center – San Diego
  Ophthalmology Pediatrics
  Scott K. McClatchey, MD
  2/23/05 - 4/3/07

- NMS San Diego – Developmental/Behavioral Pediatrics
  Jerry W. White, MD
  6/24/05

- NMC San Diego - Neurology
  Jacqueline Serena, MD
  9/6/05

- Children's North County Center
  Speech and Language Therapy
  Jennifer Huh, MS, CCC
  2/23/06

- Oceanside Unified School District
  Ann Stanfield, Psychologist
  6/15/06

- San Diego County North Coastal Consortium for Special Education
  Heidi Padilla, DHH-I
  6/16/06 - 5/15/07

- Functional Vision Screening
  5/11/06

- Vista Unified School District
  Rachel Schmidt, MS, CCC-SLP
  8/24/06 – 4/10/07

- Naval Medical Center – San Diego
  Anthony Riccio, LCDR, MC, Orthopedist
  11/8/06 - 4/6/07

- California Children's Services Medical Therapy Program
  Sarah Barnes, PT
  Jan Jewell, PT
  3/19/07 – 4/16/07

- UCI Medical Center Faculty Practice
  Arnold Starr, MD, Otolaryngologist
  3/21/07

- Naval Medical Center – San Diego
  Radiology Clinic
  Christopher Way, LCDR, MC, USN
  4/3/07

- Pinellas County Schools
  Susan Gedney-Ververs, OTR/L
  Shaunn DeMuth, PT
  Kerry Ault, Teacher of visually handicapped
  6/19/07 – 9/26/07

- *Daniel J. Madock, DC*
  7/26/07

- District School Board of Pasco County
  Catherine Raulerson, ED, S, BCABA
  Psychological Evaluation
  12/7/07 – 8/18/08, IEP 5/08; 10/08

- Navy Medical Center
  6th Medical Group
  Robert D. Lewis, MD
  1/18/08

- St. Joseph's Hospital - Admission
  7/24/07 - 7/26/08

- Rehabilitation and Electrodiagnostics
  Paul B, Kornberg, MD, Pediatric PM&R
  12/2/08

CHRONOLOGY
SAVANNAH HILL

Date	Provider	Summary of Treatment
7/27/03		**Date of Birth and Date of Injury**
Loudoun Hospital Center Admission 7/27/03 – 7/29/03		
7/29/03	Loudoun Hospital Center *Sunil Gupta, MD, FAAP*	**Discharge Summary** Birth: 7/27/03 at 1441 hours. Apgar scores were two(2) at one(1) minute and nine(9) at five(5) minutes. Suctioned, bagged and ventilated upon delivery. Suctioned twice below cords for thick meconium. Required positive pressure ventilation with bag and mask for approximately two(2) minutes. Admitted to newborn nursery. Seizures at 11:40 AM on 7/28/03. Admitted to Special Care Nursery. Critical and unstable. Slow pupillary response to light in right eye. Normal muscle tone. Mild jitteriness. Active Diagnoses/Treatment Possible sepsis on Ampicillin and Gentamicin. Thrombocytopenia (platelet infusion on 7/28/03) Seizures (EEG ordered.) Intracranial hemorrhage (CT showed acute IVH bilaterally) Right eye hemorrhage per CT. Transferred to Fairfax Hospital for neurosurgery evaluation, Ophthalmology evaluation, neurology and hematology. NPO
7/29/03 To 8/12/03		**Inova Fairfax Hospital Admission**
7/29/03	Inova Fairfax Hospital for Children Division of Neonatology	**Admission History and Physical** Transferred from Loudoun Hospital Center due to seizures at 30 hours. Reportedly only voided 31

	Afsaneh Hessamfar, MD Neonatologist	cc since birth.
8/8/03	Inova Pediatric Forensic Assessment and Consultation Team *Kent P. Hymel, MD*	**Letter sent to Tracy Cox, Social Worker with Fairfax County Child Protective Services** Indicates he examined "Infant Boroday" (*Savannah's name at birth – Boroday is mother's maiden name*) and reviewed medical records as well as cranial imaging studies. This case was referred to CPS based on the discovery of cocaine in screening of baby's meconium, observation of verbally aggressive behavior by father of the child directed to baby and staff and speculation that the infant's intracranial and eye injuries could have been inflicted in the postpartum unit at Loudoun Hospital. Prenatal History was complicated by a DVT in fourth month of gestation requiring Lovenox through it does not cross the placenta. During the later stages of labor the infant manifested late decelerations on fetal monitor and was delivered precipitously at term. Delivery was complicated by thick meconium requiring suction. At one(1) minute after delivery Apgar was 2/10 though improved to 9/10 at five(5) minutes. The infant was less reactive than normal on her first day of life and at 18 hours old had a seizure. She was cultured and started on antibiotics though the cultures were all negative. She was found to be thrombocytopenic and required a transfusion of platelets. CT Scan showed bilateral intraventricular, intraparenchymal, subarachnoid and bifrontal subdural hemorrhages prompting her transfer to ICU at IFHC. Impression Based upon these considerations I cannot conclude that the infant was a victim of inflicted head trauma after birth. Recommendations 1. A thorough assessment of the child's home prior to her disposition from the hospital 2. Skeletal survey to identify neonatal fractures
8/7/03	Inova Fairfax Hospital	**Neonatal Hearing Screening** Impression Repeat examination. Last one performed on 8/5/03. Suggests a moderate to moderately

		severe hearing loss in high frequency range in both ears. Otologic examination should be performed and repeat air conduction ABR with bone conduction testing should be performed in one(1) month.
8/12/03	Inova Fairfax Hospital Discharge Summary *Linda Tribble, MD* Neonatologist	**Discharge Summary** Confirmed Diagnoses Thrombocytopenia (7 days) Bleeding Diathesis (5 days) Sepsis, suspected, on antimicrobials (4 days) Seizures (16 days) Vitreous Hemorrhage Stridor (1 day) Retinal hemorrhage (15 days) Detached retina Subdural hemorrhage (14 days) IVH (14 days) Hyperkalemia (1 day) Hearing deficit (8 days) Cerebral Infarction (7 days) Respiratory Support Nasal Cannula (1 day) Room air (16 days) Procedures Peripheral IV Cryoprecipitate infusion (1 day) Arterial puncture for blood sampling (2 days) Platelet infusion (2 days) Electroencephalogram (2 days) Eye exam (2 days) Cranial Ultrasound (1 day) Peripheral Venous line placement (1 day) Head CT with Contrast (1 day) BAER Hearing test (1 day) MRI of head (1 day) Magnetic resonance Arteriogram (1 day) Parent conference/extended family discussion/coordination (1 day) Nutrition: Taking Lactofree up to 80 ml po q 4 hours. Respiratory: Stridor with hard crying initially but resolved with time. Cardiovascular: Stable ID: Placed on Ampicillin and Gent at Loudoun Medical Center. CBC's were normal. Blood cultures negative so antibiotics were discontinued. Hematology: Platelet count at Loudon was 45K obtained after first seizure. Transfused with platelets prior to transfer here. Received two(2)

		more transfusions after admission here. Thrombocytopenia suspected but maternal antibodies were negative. Could not rule out allimune thrombocytopenia and recommended obtaining blood from parents. Could be secondary to consumption of the initial clot. Neurology: Seizures at 20 hours of age with clonus in left arm and leg progressing to right hand, foot. 20 minutes later had twitching of right arm and eye. Phenobarbital given. Had no further activity until eight(8) hours later when eye patches were removed and baby had jerking movements of right arm. EEGs: Right hemispheric sharp. Ophthalmology: Vitreous hemorrhage OD. retinal hemorrhage. Severe retinal and vitreous hemorrhage in right eye and multiple small hemorrhages in left eye. Macula clear. Follow up with Dr. Berinstein in one(1) week. Hearing: Bilateral hearing loss with some component of CNS/brainstem involvement. Metabolic Comments: Pending. Orthopedic: Dr. Hymel recommends a skeletal survey which was done 8/11 and revealed no fractures. In utero maternal drug exposure testing positive for cocaine according to lab on 8/4. Repeat meconium study on 8/4. May be late for this. Negative. Urine study for cocaine: Negative. CPS referral 8/5. *(Note: Subsequent note in chart indicates mother was given pain medications after delivery with cocaine metabolite which could have been ingested by infant through breast milk.)* Home Procedures/Support Phenobarbital 2 ml po twice daily. Pediatrician appointment this week Dr. Berinstein appointment this week. William McClintock, MD, Pediatric Neurology appointment in 3-4 weeks. Marcie Weil, MD, Pediatric Hematology appointment in one(1) month. Hearing Screen Neurosurgery in two(2) weeks.
8/12/03	Inova Fairfax Hospital	**Coding Sheet** Intraventricular Hemorrhage of fetus, Grade II Convulsions Transient neonatal thrombocytopenia, suspected Hemolytic disease of fetus Hypocalcemia and hypomagnesemia Cerebral thrombosis of cerebral infarction Hyperpotassemia Unspecified hearing loss

		Stridor Vitreous Hemorrhage
Outpatient Records		
8/12/03 To 9/13/05	Inova Fairfax Hospital Initial Retinal Consultation *Daniel Berinstein, MD*	**Initial and Follow Up Retinal Consultations** *[2 office visits during this time frame]* Initially seen in hospital on 7/29/03 where she was found to have severe retinal and vitreous hemorrhages with multiple small hemorrhages. Macula clear. She was seen again in the hospital on 8/5/03 and advised to return to the office in one(1) week as she will likely need surgery on the right eye if hemorrhage does not clear in the next three(3) weeks. Office Visits One(1)-month-old infant. Mom notes discharge from right eye. Problems continue. Will need surgery.
8/21/03 to 12/5/03	Pediatric Hematology and Oncology of Northern Virginia *Marcie Weil, MD* *Eva Perdahl-Wallace, MD, PhD.*	**Office Visits** *[5 office visits during this time frame]* Initially seen in hospital on 8/1/03. Seen to determine cause of coagulopathy including thrombocytopenia. Born with severe coagulopathy and hemorrhages in newborn period. Mother treated for thrombosis during pregnancy. She is cleared for retinal surgery. She does not have a higher risk of bleeding than the average patient.
8/26/03 And 9/15/03	Inova Fairfax Hospital Retinal Specialists *Daniel Berinstein, MD*	**Initial Retinal Consultation** [*difficult to interpret*] Resolving hemorrhage. **Telephone Conference** Surgery scheduled for 9/12/03 was cancelled due to pt not being in area. Rescheduled surgery. Discussion with family.
9/5/03	Children's National Medical Center *William M. McClintock, MD*	**Neurology Office Visit** 6-week-old seen following intraparenchymal hemorrhage and intraventricular hemorrhage and retinal hemorrhage secondary to thrombocytopenia. Etiology unclear. Platelets were 45,000 after birth felt to be secondary to consumption of platelets after birth and her mother with a hyperthrombotic disorder. Taking Phenobarbital currently. Starting to smile. Followed by Ophthalmology. EEG showed right hemispheric sharps. Today she is alert and interactive. No significant head lag. Impression History of intraventricular and intraparenchymal hemorrhage with a right parieto-occipital hemorrhagic infarction and neonatal seizures. Recommendations

		Continue Phenobarbital for now. Repeat EEG in a few weeks. Return in three(3) months.
9/13/03 To 8/4/04	Ashburn Pediatrics *Maura K. Carroll, MD*	**Routine Pediatric Office Visits** *[Six(6) office visits during this time frame]* Received vaccinations
9/22/03	Inova Fairfax Hospital Retinal Specialists *Daniel Berinstein, MD*	**Operative Procedure** PreSurgical Diagnosis: Vitreous Hemorrhage Right Eye Procedure: Vitrectomy right eye, membrane peel right eye. VH highly adherent to retinal surface and tear developed. This was discussed with parents postoperatively that Savannah would unlikely obtain functional vision and possible loss of all vision. Admitted to the hospital overnight. Discharged 9/23/03.
9/29/03	Inova Fairfax Hospital Retinal Specialists *Daniel Berinstein, MD*	**Ophthalmology Office Visit** S/P surgical procedure follow up visit.
10/6/03	Family Health Center of Fairfax *Vatsala Topiwala, MC*	**Routine Pediatric Office Visit** Routine visit
10/6/03 to 3/15/04	Naval Hospital Camp Pendleton *Richard Birdsong, LTC, MC* Ophthalmology	**Ophthalmology Office Visit** *[Six(6) office visits during this timeframe]* 1. S/P vtx OD with total or subtotal RD OD 2. History of bilateral vitreous hemorrhage etiology unclear, but noted in hospital at 20 hours of age. Recommend evaluation by Pediatric Retinal Subspecialist in near future. Do not expect visual potential to be very good but will pursue all options.
10/7/03 To 10/15/03	Infant & Toddler Connection Fairfax/Falls Church Early Intervention Services	**Progress Note** Plays well on tummy, can hold head up and look briefly at faces. On back, kicks to activate toys. Plan Try to put toys and faces where she can focus on them. **Team Summary** Has been seen weekly by infant educator and by educator from Bright Beginnings once weekly. Believe right eye is blind. Seizure free. Has transitioned well to full time hearing aid use and has demonstrated consistent responses to a variety of auditory input. Concerns: bilateral hearing loss. Severity not yet known. Difficult to tell whether she is responding to sound. Deficits in hearing and vision. Concerns of cerebral palsy.
10/9/03	Naval Hospital Camp	**Audiology Office Visit**

and 11/20/03	Pendleton *Margaret M. Jylkka, NNMC,* Head Audiologist	Audiograms performed.
10/25/03	The Wilmer Ophthalmological Institute *James T. Handa, MD*	**Ophthalmology Evaluation** She does perceive light in each eye. A fresh hemorrhage surrounds the optic nerve and there is old dehemoglobanized blood on the surface of a detached retina of the right eye. The entire retina is detached. Detailed discussion with parents. They will discuss this further. Surgery is suggested.
10/28/03	Fairfax County Public Schools	**Local Screening Committee Report** Presents with bilateral sensorineural hearing loss. Follow-up in next four(4) to six(6) weeks. Diagnosed with ABR on 8/5/03. Repeat ABR done on 8/7/03. Diagnosis of cerebral palsy. Plan Proceed to eligibility. Evaluations current and complete.
10/30/03	Inova Fairfax Hospital Pediatric Neurosurgery *Gary Magram, MD*	**Pediatric Neurosurgery Clinic Office Visit** Recommendations Remain on Phenobarbital until the follow up EEG.
10/31/03	Walter Reed Army Medical Center *W. C. Young, USAF, MC* Child and Adolescent Neurology	**Neurological Evaluation** 12-week-old with noted delay in communicative skills but motor skills on track. Objective Arouses easily. Does not fixate on examiner well. Mild palmar and plantar grasps, but symmetrical. Assessment Neonatal seizures Hearing impairment Right retinal detachment Vision impairment
11/3/03	Department of Clinical Neurophysiology *William Young, USAF, MC*	**EEG** Impression Probably abnormal EEG due to presence of 4-5 second burst of paroxysmal activity.
11/12/03	Walter Reed Army Medical Center *Nona J. Cedrone, MPT*	**Pediatric Physical Therapy Evaluation** No equipment at present. Neuromuscular Some increased tone in LEs, biceps and triceps on left. Full PROM to all joints. Conclusion Three(3) month, two(2)-week-old with right eye blindness and hearing impairment at this time. Gross motor development is at three(3) to four(4) months of age with some minor deviations due to vision impairment. Would benefit from PT on monitored basis to ensure constant progression in gross motor skill development.

11/12/03	Walter Reed Army Medical Center *Mark Farinas, MS, OTR/L*	**Pediatric Occupational Therapy Evaluation** Assessment Presents with skills at three(3) month level. Ability to visually track toys impacted by visual deficits. Therapy would benefit for visual-motor training and parent education.
12/2/03	Walter Reed Army Medical Center Infant Motor Clinic *Ata Yazdani, MD*	**Infant Motor Clinic Assessment** Impression/Plan Savannah presents with mixed developmental delay, with strong component of decreased sensory, sight and hearing, capabilities. Ongoing early intervention with emphasis on sensory play and motor opportunities while following early language skills is recommended. Follow up audiology evaluation and whether hearing aids will benefit. Disability parking permit provided.
12/16/03	The Hearing Health Care Center of Manassas, Inc. *Mary Jo Grote, PhD, CCC-A, FAAA*	**Audiological Evaluation** Tympanometry revealed normal pressure/compliance functions, Type A tympanograms, bilaterally. Ipsilateral stapedial reflexes present at elevated levels for right ear at 1000 Hz and 2000 Hz and absent at maximum presentation levels for left ear. ASSR, Auditory Steady State Response measures were obtained for the left ear only as Savannah awakened and would not return to sleep. Left ear showed probable moderate sloping to profound hearing loss, likely sensori-neural. Ear mold impressions taken today. Current impression is she will likely have better hearing in right hear than left.
1/6/04	Naval Hospital Camp Pendleton *William Young, USAF,* MC, Pediatric Neurologist	**Neurology Office Visit** Making regular developments since last visit. Good appetite and activity. No cognitive, social or behavioral decline. Examination Alert, no eye contact though interacts well with mother. Some wandering eye movements on right. Good head control. Assessment 1. Neonatal seizures, controlled with Phenobarbital. 2. Hearing impairment 3. Right retinal detachment 4. Vision impairment 5. Question of mild left hemiparesis, by history, not by exam.
1/9/04 to 11/4/04	Naval Hospital Camp Pendleton Audiology Department	Audiology Department Office Visits *[four(4) office visits during this time frame]* Diagnoses

		Expressive language disorder Speech/language disorder Sensorineural hearing loss <u>Recommendations</u> Consider sedation for BAER testing.
2/4/04	Department of Clinical Neurophysiology *William Young, Col, USAF, MC* Pediatric Neurologist	**<u>EEG</u>** Normal EEG, awake and drowsy and asleep.
3/11/04 and 7/28/04	The Hearing Health Care Center of Manassas, Inc. *M. Grote, PhD, FAAA*	**<u>Audiological Assessment</u>** [Two(2) assessments during this time frame] Mother reports pulling on right ear only. Otoscopy revealed deep pink TM's, unremarkable. Tympanometry revealed significantly reduced compliance as compared to past measures. Physical referral to rule out middle ear involvement.
4/4/04	Children's National Medical Center Emergency Department	**<u>Emergency Department Evaluation</u>** Mom was walking out of restaurant bathroom when she missed step and fell and baby's head did hit the ground. Baby cried immediately then became quiet. **<u>CT Brain</u>** Fell on neck and back of head. <u>Impression</u> No bleeds or fractures Low basil ganglia cucency Small focus of high attenuation in periatrial white matter, likely residual of internal matrix bleed.
5/6/04	Naval Hospital Camp Pendleton *William Young, USAF, MC,* Pediatric Neurologist	**<u>Neurology Office Visit</u>** Off Phenobarbital for three(3) weeks. Able to sit without support for past two(2) weeks. Coos and babbles. <u>Examination</u> No head lag. Fixates with left eye. Slow nystagmus. <u>Impression</u> 1. Neonatal seizures, asymptomatic without Phenobarbital. 2. Visual impairment 3. Hearing impairment 4. Global developmental delay, making gains 5. Regular head growth, no hydrocephalus. <u>Plan</u> 1. Follow up at least once a year. 2. Needs developmental pediatric follow up once or twice a year. 3. Watch for reoccurrence of seizures.
7/21/04	Ashburn Pediatrics *Maura K. Carroll, MD*	**<u>Letter to Whom it May Concern</u>** Savannah has had multiple medical problems

		that could potentially complicate her travel from the East Coast to her father's new station in California. Recommend that she fly in the care of her mother who recognizes her unique needs and distress. Father will be driving, this prolonged transit time will expose her to unnecessary risks in form of prolonged care time without medical support.
8/4/04	Infant & Toddler Connection Fairfax/Falls Church Early Intervention Services	**Progress Update** Will pull to stand at various pieces of furniture, cruise, push a toy and walk independently with feet in proper alignment. She has bilateral pronation with calcaneal valgus when placed in standing. DAFO's would benefit. Interventions PT weekly. Home program therapeutic exercises, parental instructions, assistive technology. Add OT services three(3) visits for evaluation, fabrication and fitting of DAFO's.
10/6/04	Naval Hospital Camp Pendleton Pediatric Clinic	**Pediatric Office Visit** Routine visit with referrals to specialists.
11/9/04	Naval Hospital Camp Pendleton Audiology Department	**Audiology Consultation** Sensorineural Hearing Loss identified at birth. Using hearing aids and needs new ear molds. Assessment Tympanometry indicates normal middle ear pressure. Mild to severely profound hearing loss detected. Similar results obtained in August 2004. Plan 1. Tri-West paperwork submitted for new earmolds. 2. ENT consultation 3. Civilian care referral. 4. Consider referral for sedation Brainstem Auditory Evoked Response (BAER) test to determine hearing thresholds.
11/10/04	Naval Hospital Camp Pendleton *Gretchen C. Taylor, MC*, USN, Otolaryngologist	**Otolaryngology Office Visit** Wearing hearing aids since 1/04. Beginning to babble. Needs hearing aid adjustment.
11/11/04	Children's Hospital and Health Center *Monica Hoffer, OT*	**Occupational Therapy Pediatric Evaluation** Diagnosis: Developmental delay, thrombocytopenia, birth defects from Lovenox. Blind in right eye. Waiting for neurological examination. Summary 15-month-old with gross motor delays especially in locomotion. Demonstrates ROM WNL with decreased strength and low muscle tone in bilateral LEs. Unable to creep or stand independently or maintain transition between positions. Would benefit from PT for gross motor

		delays. Family is involved.
11/15/04	Children's Hospital Physical Therapy	**Physical Therapy Evaluation** Left sided weakness and developmental delay Nutrition is good. Objective findings Bilateral lower extremities WNL. Right slightly more resistance through ROM. LE weakness, left > right as noted with decreased use in crawling and standing.
11/16/04	Children's Hospital and Health Center *Monica Hoffer, OT*	**Occupational Therapy Evaluation** Summary Scored very poor in Peabody developmental motor scales for grasping and poor visual motor integration. No significant areas of concern for sensory processing. Delay in fine motor and visual motor development may decrease independence in self care tasks such as feeding and dressing. Recommendations OT once weekly for q hour for three(3) months.
11/23/04	San Diego Regional Center *Joan M. Reese, MD, MPH, FAAP*	**Developmental Disabilities Evaluation** Past Evaluations Seen by Pediatric Neurologist William C. Young at Walter Reed Army Medical Center at 12 weeks of age. Follow up visits revealed normal neurological examinations. Pediatric Ophthalmologist Richard Birdsong examined her at DeWitt Army Community Hospital. She had PT and OT evaluations two(2) weeks ago at Children's Hospital and is awaiting authorization for therapy services. Review of Systems No useful vision in right eye. Mother reports glaucoma like pressure. Hearing aids bilaterally. Allergies have flared up – congestion and tends to mouth breathe. Breaks out in hives/red, itchy patches related to allergies. Her toes curl and feet pronate. Had prescription for orthotics. Awaiting Tri-West authorization. Physical Examination Length 21 5/8" (5-10 percentile) Weight: 19 lb 11 ½ oz (5th percentile) Eyes: Clouding of right cornea. Follows with left eye with incomplete extraocular movements by turning head. No nystagmus. Neurological: Symmetrical. DTR 1+ and symmetrical in UE. Knee jerks 2+ and symmetrical, ankle jerks 2+. Scooted on buttocks with basically lateral movement. Developmental testing scattered throughout 15 month level. Gross motor functioning at 32-36 week level. Fine motor skills 52 week level and ceiling at 15 months.

		Impression Mild to moderately delayed development in gross motor and language areas. Other areas approaching level expected for her age. Recommendations 1. PT and OT. 2. Defer previously prescribed DAFO orthotics pending PT consultation. 3. Audiology and oral rehabilitation services. 4. HOPE Infant Family Support Program for early intervention services. 5. May need a higher grade coverage of TriCare to provide more access to specialty services in community 6. Enrollment in Program for Persons with Disabilities available through military. 7. If not enrolled in Exceptional Family Member Program, consider this. 8. Will be helpful for Early Start coordinator to assist with identifying respite/childcare resources.
12/2/04	Neuromuscular Clinic *J. White, CAPT, MC* *Susan Smith, PT*	**Neuromuscular Clinic Evaluation** Mild neck weakness, mild to moderate trunk weakness. Assessment Hypotonic CP with significant developmental delay. Plan Agree with CCS recommendations for twice weekly PT to address deficits and weakness. No f/u for Neuromuscular clinic recommended.
12/3/04	California Children Services *Shirin Ihani, MPT*	**Physical Therapy Assessment** Hypersensitivity to cold temperatures. Increased pronation bilaterally feet. Johnson's orthopedic bilateral DAFO's in progress.
12/3/04	Naval Medical Center *Jacqueline Kovacs, CDR, MC, USNR*	**Neurology Consultation** Reason: Developmental delay and seizures History Here with mother and grandfather for neurology evaluation. She had no seizures since she was in the NICU at two(2) weeks of age. Most recent EEG was normal. She has been weaned off medications. Vision: Blind in right eye. 20/100 in left. Decreased ROM in left eye. Vitrectomy and lensectomy done with retinal and iris detachment due to surgery done for vitreous bleed. Hearing: Initially had moderate to severe hearing loss. She is now testing in mild to moderate range and wears bilaterally hearing aids. Developmental History: Rolled over intermittently at six(6) months and this has improved. Sitting at five(5) months but cannot

		bring herself to sit. Uses right side to scoot herself. She can say a couple of words and babbles responsively. Intermittently points and communicates. Not receiving therapy currently. Was seen by CCS yesterday and will receive PT and OT. ST evaluation is pending. Social History: Lives with parents. No siblings. Father is on active duty with Maries corps. He has been deployed for past three(3) months. Physical examination Left pupil reactive. Limited abduction of left eye. Decreased trunctal tone. Reflexes 3+ at biceps and triceps bilaterally and 3 at patella. Couple of beats of clonus bilaterally. Impression 1. 17-month-old with developmental delay and hypotonic cerebral palsy due to intrauterine strokes that were hemorrhagic. No further EEGs recommended. 2. Hypotonic cerebral palsy. 3. Sensory neural hearing loss bilaterally 4. Right eye blindness and left eye decreased visual acuity. Recommendations Follow up with Dr. White in developmental pediatrics for further developmental tracking. Follow up with Neuro as needed.
12/6/04	California Children Services *Nancy Washwell, OTR/L*	**Occupational Therapy Assessment** Difficulty tracking to right without moving head to follow object. Does not use a spoon and does not walk or crawl. Functional Improvement Score (FISC) 26/210. Functional Status Independent in feeding. Maximum for communication and dependent in all others.
12/8/04	Naval Medical Center Vista Medical Therapy Unit *Jeffrey Cassidy, LCDR, MC, USN*	**Orthopedic Office Note** Physical Examination Can stand quite well with moderate assistance. Can hold on to a single finger and walk with a reciprocating gait. Good grasp bilaterally. She will be remolded soon and will receive SMOs shortly thereafter. Recommendations Return to office in six(6) months.
12/9/04	Children's North County Center Developmental Services *Wendy Schofer, MD*	**Prescription** ST twice weekly for six(6) months for moderately severe speech and language impairment secondary to Sensorineural hearing loss.
Undated	Medical Information Program For Persons with Disabilities *Wendy Schofel, MD*	Diagnoses Infantile cerebral palsy TBD Vision impairment Moderate/severe hearing impairment

		Medical History Savannah suffered thrombocytopenia, seizures, retinal and vitreous bleeds, intraventricular cranial bleeds, gray-white matter bleeds, strokes, hearing and vision impairment. Consultations She has had about 150 appointments with specialists documenting her treatments. Disabilities are developmental and permanent. Services requested Hearing aids, durable medical equipment, additional physical therapies and any possible available support. Hearing impairment necessitates aids, molds, testing - ongoing.
12/9/04	Children's North County Center Developmental Services *Deborah Llewellyn, MA-CCC*	**Speech/Language Pathology Evaluation** History Receives developmental services through HOPE program one hour per week. Functional Status Communicates expressively by limited vocalizing, vowel like sounds and gesturing. Beginning to understand pointing. Signs for more, bottle, sleep and eat. Gestures for up, no. Says daddy, mama, uh-oh. Waves goodbye with cues. Clinical Findings Scattered communications skills in 9-12 month age range. Babbling with some reduplicated syllables. Some sensory defensiveness as she does not like having her hands touched and does not enjoy messy play. Impressions Moderately severe speech and language impairment secondary to sensorineural hearing loss. Recommendations ST twice weekly for 30 minutes for six(6) months. Needs authorization for complete audiology evaluation, aided and unaided evaluation. D/C Goals Ability to communicate basic needs and desires via speech and sign language forms of communications.
12/22/04	Children's Hospital and Health Center	**Audiology Office Visit** Tympanometry revealed normal middle ear function bilaterally. Thresholds obtained in soundfield with fair reliability suggest slight to moderate hearing loss for at least the better ear. Needs hearing aid batteries and supplies. Follow up in three(3) months and continue with current hearing aids.
2/23/05	NMC San Diego	**Ophthalmology Pediatric Office Visit**

	Scott McClatchey, MD	Assessment/Plan 1. Aphakia right eye 2. Old retinal detachment 3. Nystagmus: nullpoint in right gaze.
6/17/05	Rady Children's Hospital and Health Center *Maureen A. Miller, MA, CCC-A, Clinical Audiologist*	**Audiometric Evaluation** Right hearing aid has bothered her lately, per Mom. Impressions Right ear testing reveled mild to moderate loss with fair reliability. She then fatigued and reliable testing could not be obtained in left ear. Recommendations Follow up in one(1) to three(3) months Repeat Auditory Brainstem Evoked Response testing under sedation to include ASSR testing. Otoacoustic emissions testing Amplification: Right hearing aid was adjusted to today's thresholds.
6/21/05 To 9/11/06	NH Camp Pendleton, CA Pediatric Group *Jay Sadrieh, MD*	**Pediatric Office Visits** [*Nine(9) office visits during this time*] Diagnoses Sinus congestion and drainage. Otitis media. Hearing loss with ENT referral. Superficial denudement of skin on left thigh. Bilateral eye drainage. Optometry vision therapy referral. Left eye vision 20/50. Referral to speech therapy. Prescription written for hearing evaluation and ear molds up to five(5) times per year. Request for stroller equipment (pocket and sunshade from McClaren Major Special Needs Stroller with pocket). Paperwork completed for mobility solutions requesting stroller.
6/24/05	Naval Medical Center San Diego Developmental/Behavioral Pediatrics *Jerry White, MD*	**Office Visit** Evaluate for hypotonic CP 23-month-old female with developmental delay, early seizures, hypotonic CP, right retinal detachment, right aphakia, bilateral sensorineural hearing loss, right hemorrhagic parenchymal, ventricular subarachnoid and subdural bleed and thrombocytopenia requiring platelet transfusion noted post delivery in mother treated for DVT prenatally with anticoagulant therapy. Uses walker for assistance in ambulation. Understands 30 signs. Physical Findings Has had vast improvement in right reflexes since December 2004. No longer has spastic component to LE exam. Right hand preference does suggest some persistence of UE left sided

		weakness. Unable to walk unassisted. Frequent head tilt to optimize left gaze. Assessment/Plan 1. Late CVA effects – hemiplegia affecting nondominant side Left. Demonstrates mild left sided weakness in UE with right handed preference. Recommend OT, vocational rehab and PT. 2. Developmentally delayed milestones – significant developmental disability – revised to be consistent with 16 month of age equivalent. Adaptive scores on Vineland Adaptive Behavior Scales confirm serious developmental disability with age equivalent of less than 12 months. Etiology is definitely neurological and consistent with parieto-occipital parenchymal, tract and ventricular right sided hemorrhagic infarct. I cannot determine significant anoxic injury on basis of exam alone. She is making progress in development including assisted walking and use of sign language, though serious disability will likely have lifelong effects for communication, motor skills and skills of daily living. 3. Sensorineural hearing loss 4. Aphakia right eye 5. Retinal detachment right eye. Follow up in six(6) months.
6/27/05	Naval Medical Center Vista Medical Therapy Unit *Jeffrey Cassidy, LCDR, MC, USN*	**Orthopedic Office Visit** History She is pulling herself up to stand and progressing well and PT. Concerns from PT about her hips. Otherwise no orthopedic concerns. Physical Examination Wide symmetric abduction of hips and negative Galeazzi sign. Straight spine with no rotational deformities suggestive of scoliosis. Laboratory studies Pelvic views revealed concentrically reduced hips with acetabular indices of 21 degrees bilaterally. Plan Continue PT as scheduled. Return in six(6) months.
9/6/05	Rady Children's Hospital and Health Center *Maureen A. Miller, MA, CCC-A, Clinical Audiologist*	**Audiometric Evaluation** Prior testing done prior to the family's move to San Diego revealed moderately severe hearing loss. BAER done with sedation in July indicated abnormal neural transmission through the auditory brainstem pathways when stimulating either ear. Suggested possibility of auditory neuropathy. She wears Oticon Adapto BTE

		hearing aids and receives ST. She enjoys music and singing. Impressions Testing indicates slight to mild residual loss. Appears to respond better on right side even when aid is not turned on. Recommendations Re-evaluation in one(1) to two(2) months OAE testing Amplification Gave copies of testing to Savannah's parents. They will call Dr. Arnold Starr, MD at University of California to obtain consult regarding auditory neuropathy.
9/6/05	NMC San Diego *Jacqueline Serena, MD*	**Pediatric Neurology Office Visit** CC: Possible auditory neuropathy. Referred by audiologist. Has had hearing aids for SNHL Cumulative Diagnoses Abrasion of leg, otitis media, hearing loss, cerebral palsy hemiplegic, retinal detachment right eye, aphakia right eye, delayed developmental milestones, sensorineural hearing loss, late CVA effects, URI, OM-Acute, nystagmus. Assessment 1. Sensorineural hearing loss. Referred to ENT. 2. Cerebral palsy hemiplegic. Staring spells that parents report seem attentional by description. If they worsen will get EEG.
9/15/05	NMC San Diego *Scott McClatchey, MD*	**Ophthalmology Pediatric Office Visit** Assessment/Plan 1. Aphakia right eye. Procedures: Determination of refractive state and ultrasound ophthalmic B-Scan. 2. Nystagmus.
11/3/05	Therapist Referral Form to REINS Therapeutic Horsemanship Program	**Referral to Horsemanship Program** Short term goals Remain standing 2-3 second without holding on to an object Transition to sand from floor independently. Objectives Ambulate without assistive device. Weakness Tight IR, poor knee instability/ankle stability when walking. Strengths Parents have great follow through. Loves swings. Cues Loves praise and clapping. Motivated by food. Other

		Adorable child with significant gains in past 3-4 months with mobility.
12/2/05	Pediatrician (*no name no*ted)	**Letter to MCCS, Children's Program** Savannah is a Category 4 EFMP patient with gross motor delays, hearing loss, vision impairment and developmental disabilities. She attends day care three(3) times weekly and is on no medication. She does require hearing aids bilaterally, orthopedic walker, miscellaneous devices to aid walking and standing independence, FM unit for amplifying sound wirelessly through hearing aids. She can function with independence with this equipment.
2/23/06	Children's North County Center *Jennifer Huh, MS, CCC*	**Speech Language Pathology Progress Report** Seen twice weekly with moderately severe speech and language impairment due to sensorineural hearing loss with significant progress in therapy. Diagnostic impressions Moderate speech and language impairment secondary to CP and Sensorineural hearing loss. Prognosis Good provided that she continue to receive adequate and appropriate interventions. Recommendations SLP for 30 minute sessions twice weekly for four(4) months.
2/24/06	Children's Hospital and Health Center *Maureen A. Miller, MA, CCC-A*	**Audiogram** Impression Responded down to 35 db Hz bilaterally for voice stimuli. Then became upset and pulled out earmolds. Testing resume without inserts. Thresholds indicate mild loss at 500 and 2000 HZ for at least the better ear. Recommendations ENT consult Audiological re-evaluation Amplification New earmolds with in the next month or two
3/1/06	Naval Medical Center Vista Medical Therapy Unit *Jeffrey Cassidy, LCDR, MC, USN*	**Orthopedic Office Visit** S: Hypotonic left hemiplegic CP. Ambulates with walker though she prefers to crawl and kneel walk. O: Walks well with walker and can hold it with one hand. Wide symmetric abduction of the hips with normal rotational profile. Negative Galeazzi sign. Klisic line points above umbilicus for both hips. Impression Hypotonic left hemiplegic CP Plan Continue PT and OT as scheduled. Significant

		pronation of feet in standing and attempting to walk. I have ordered SMOs for LEs to correct her foot position and improve her stability to help her walk independently. Return in six(6) months.
5/11/06	*[company not noted]* Functional Vision Screening *D. Parker*	**Functional Vision Screening** Diagnosis Retinal detachment in right eye (no vision) Nystagmus in left eye 20/100 acuity Background Bilateral intravitreal hemorrhages at birth. Had surgery to remove a dense blood clot from vitreous of right eye in 9/03 and subsequently had total retinal detachment with loss of vision. No surgery will likely restore any useful vision. Assessment Her left eye vision is at its optimum. She wears prescription glasses. She could track a 3" ball from 3" to 8' and was able to find, and pick up a cheerio on the light wood floor easily. Educational Considerations Preferential seating near front of classroom Modified expectations to accommodate visual performance. May require shorter working periods due to eyes tiring. Instruct verbally on how to figure with numbers with a written sample. Continue with annual eye examinations. Summary Her visual impairment has impacted her ability to view the classroom materials adequately. She qualifies for VI services and specialized media, materials and equipment. Services can be provided on a consultation basis.
6/15/06	Oceanside Unified School District *Ann Stanfield,* School Psychologist	**Confidential Psychological Evaluation Report** Age: 2 years, 9 months Reason for Referral Transitioning from California Early Start Program with diagnoses of cerebral palsy, visual impairment and history of moderate to severe bilateral hearing loss. She has received OT, ST, PT and Hope Infant Program home services, one(1) hour visits weekly. Background Information Mother received regular prenatal care. Savannah was born at 40 week after 2 ½ hours of labor weighing 6 lb 2 oz. She was hypoxic and in fetal distress for at least two(2) hours, experienced respiratory difficulty at birth and aspirated. She required a 15 day hospital stay in ICU. She is seen regularly at Camp Pendleton Pediatrics and sees a Neurologist every six(6) months at Irvine or Balboa Naval Hospital. She

		gets periodic ear infections and has a hearing exam every three(3) to six(6) months. She has nystagmus in her left eye and is blind in the right. She will be getting polycarbonate lenses for protection. Her speech is commensurate with hearing impairment. ST is twice weekly. Tests Administered Mullen Scales of early Learning Scales of Independent Behavior – Revised Behavior Assessment System for Children Structured Developmental History – II Summary and Recommendations Overall has communication deficits, hearing loss, visual impairments and motor delays. She exceeded expections for two-year-olds in personal independence and social responsibility. Adaptive skills were comparable to two-year-old 0 months. She can acquire knowledge well and has learned over 100 sign language signs. Visual reception skills and fine motor are average. Recommendations include placement in early education special day class setting with structure and small group instruction with an emphasis on language development, socialization skills and motor skills support.
6/16/06	San Diego County North Coastal Consortium for Special Education	**Individualized Education Program** Designated Instruction and Services VI once weekly for 30 minutes ST twice weekly x 30 minutes ADE 30 minutes twice weekly DHHI 30 minutes 15 times yearly ED Aud. 30 minutes 4 times yearly Strengths Good eye contact, cooperative, easily engaged. Signing is a strength. Pre-Academic/Academic/Functional Skills She knows several colors and can match them. She can match picture items of color to pictures. Counts to ten. Communication Wears dual hearing aids. Communicates through signing to have needs met. Attempting to say words and is putting 2-3 together. She also has auditory processing delay per Mother and responds a few moments behind anticipated time allowance. Motor Development Can pull self up on chairs and couches. Overall skills in 13-14 month range. Good play skills but needs to work on mobility and balance skills. Fine: Right handed. Picks up pennies to put in piggy bank and can stack small blocks.

		Beginning to use spoon more. Social Emotional Development Good interaction skills and will play alongside children. She loves praise and will clap her hands when completing a task. Health Right eye blind left eye 20/40. Hearing loss has been improved to mild loss with aids. Possible seizure disorder. Orthopedics in her shoes due to leg length discrepancy. Self Help Gets things when asked. Pushes arms through sleeves, tries to soap up in bath. Entertains self for 20-30 minutes. Specialized Equipment Strider walker, enlarged and magnified materials, equipment to monitor hearing aids. ST Goals Building expressive and receptive language through spoken word Communicate skills with two word sentences Improve articulation skills
6/16/06	San Diego County North Coastal Consortium for Special Education *Heidi Padilla, DHH-I*	**Individual Summary of Assessment** Proposed Interventions 1. Annual hearing rechecks 2. Preferential/flexible seating – close to instructions 3. Deaf and Hard of Hearing instructional strategies 4. Deaf and Hard of Hearing specialist services 5. Consistent use of hearing aids at school
8/24/06 To 4/10/07	Vista Unified School District Speech and Language Therapy *Rachel A. Schmidt, MS, CCC-SLP*	**Progress Notes/Individual Sessions** *[16 during this time frame]* During this time frame Savannah learned new signs, worked on verbalization with focus on vowel pronunciations, articulation and 2 -3 word phrases. By April Savannah was improving with two(2) syllable words and is using many 3-4 word phrases. In April her parents reported plans to move back East.
9/27/06	San Diego County North Coastal Consortium for Special Education	**IEP Team Meeting Notes** Making excellent progress with communication skills.
10/27/06	Rady Children's Hospital and Health Center *Maureen A. Miller, MA, CCC-A, Clinical Audiologist*	**Comprehensive Audiometric Evaluation** History Savannah is 3 years 2 months. Her parents reported her ear molds were loose so new impressions were taken today. Impressions Audiological evaluation revealed mild hearing loss

		at 2000 Hz in left hear. She became agitated with the earphones in her ears. Other testing suggested slight to mild hearing loss 500 Hz – 3000 Hz in the least in the better ear. Further testing indicated moderate hearing loss at 4000 Hz though with poor reliability. Speech detections indicated the mild hearing range bilaterally. Recommendations Re-evaluation in one(1) month with earphones to obtain ear specific information. Continue use of current hearing aids. Ear mold impressions taken today.
11/8/06	Naval Medical Center Department of Orthopedics *Anthony I. Riccio, LCDR, MC, USN*	**Orthopedic Office Visit** Undergoing twice weekly PT and OT and making excellent gains and walking without the use of any assistive devices for about six(6) months. Wearing bilateral SMOs for mild planovalgus deformities and tolerates them well. Therapist is concerned about leg length discrepancy. Impression 1. Hypotonic left sided hemiplegic cerebral palsy 2. Positive Galeazzi sign, left hip, with limited left hip abduction. Plan Continue therapy. Leg length discrepancy may be due to neuromuscular hip subluxation as she does have a positive Galeazzi sign. X-rays requested. Return in six(6) months.
1/12/07	Rady Children's Hospital and Health Center *Maureen A. Miller, MA, CCC-A,* Clinical Audiologist	**Audiogram** Pt fatigued and lost interest before any further consistent responses could be recorded.
3/19/07	California Children's Services Medical Therapy Program *Sarah Barnes, PT*	**Physical Therapy Re-Evaluation** Developmental Assessment Gross motor level on Denver II 15-month-old with scattered skills to 22 months. Sensory Findings Intact sensation. Bilateral hearing aids. Sign language with some vocalization. Postural Alignment: Presents with forefoot abduction on the right and decreased weight bearing on the right. Bilateral foot position in pronation, calcaneal eversion and toe abduction. Leg length discrepancy present, right LE 1.25 cm longer. Gait: Uneven gait pattern due to leg length discrepancy. Excessive internal rotation of LLE throughout gait phases. Has met goal of 50 feet ambulation with SBA. Able to ascend and descent six(6) inch stairs with

		both hands on rail and CGA. Able to ascent reciprocally and descent nonreciprocally. Treatment Plan: Consultation, evaluation, home program, school program, therapeutic exercises, DME, splinting and orthotics, gait training twice weekly 30 minutes per week for six(6) months.
3/21/07	UCI Medical Center Faculty Practice Clinic Note *Arnold Starr, MD* Otolaryngologist	**Office Visit** Exam shows clear improvement in auditory function. She socializes well. Right hemiparesis evidenced. Weight 28 lbs.
4/3/07	NMC San Diego Radiology Clinic *Christopher Way, LCDR, MC, USN*	**Hip to Ankle, AP Pelvis and Left Foot X-rays** *[very poor copy]* Impression Evidence of a mild left hip s_____ _____ ____ of pelvic tilt as described. (external rotation of left femoral neck. Asymmetric ossification _____ _____. 1.5 cm left inferior pelvic tilt ___ ____ ____.
4/3/07	Naval Medical Center – San Diego *Scott K. McClatchey, MD*	**Ophthalmology Office Visit** Diagnoses Nystagmus Optic Atrophy Ocular examination Abnormal motility and alignment bilaterally Abnormal pupils and irides right eye Abnormal cornea, AC, lens, optic nerve and retinal – right eye. Assessment **She could benefit by strabismus surgery in her good eye (left).** Continue present management.
4/6/07	Naval Medical Center, San Diego Orthopedic Clinic Note *Anthony I. Riccio, LCDR, MC, USN*	**Orthopedic Clinic Office Visit** History Diagnosis of hypotonic left sided hemiplegic cerebral palsy. She has been followed here at medical center and received PT and OT twice weekly over the past several years and has made excellent gains with mobility. Presently she is not using her LE braces though she had been in bilateral SMOs through her first year. She has outgrown these and is being fitted for AFO's. She is extremely functional and very pleasant. Physical Examination Hip examination reveals internal rotation of 90 degrees and external rotation of 50 degrees, consistent with residual femoral anteversion. She has no hip flexion contractures with Thomas testing. Abduction of right hip is approximately 75 degrees and abduction of left hip is 50-60 degrees. There is no evidence of instability on the left side. Galeazzi sign is positive on the left

		and Allis sign is negative. Gait evaluation shows she walks with a short-legged back knee gait on the left with some recurvatum of the knee and bilateral pronation at her feet. Her feet are plantigrade. Radiographic Imaging AP Pelvis – no evidence of hip subluxation or dislocation. Hip to ankle film to measure femoral length revealed the left femur measured 45.3 cm and right measured 44 cm. Tibias are equal. Overall leg discrepancy is in the left femur at 0.45 cm. Impression 1. Hypotonic left sided hemiplegic cerebral palsy 2. Leg length discrepancy, 0.5 cm left leg shorter. Plan The difference of 0.5 cm should be well tolerated. No intervention at this time. However this should be followed to see if it progresses. Mother requested shoe inserts to assist with child's pronation. She feels she is not benefiting from AFO and I see no reason to wear them. She will receive a prescription for shoe inserts to post behind, not medially. Continue PT and OT twice weekly.
4/16/07	California Children's Services Medical Therapy Program *Jan Jewell, OTR*	**Occupational Therapy Re-evaluation** Orthotics/DME **B Lear Spring AFO's 1/07 Johnson's Adaptive Stroller 12/05 Mobility Solutions** Parent Concerns Mother concerned with self feeding, dressing, brushing teeth, bathing/hygiene and toileting. Sensory Responds appropriately to light touch and shots. Increased sensitivity to cold water and decreased sensitivity to hot water. Developmental Assessment Peabody Developmental Motor Scales: Grasping 20 months. Visual motor integration 34 months. Oral Motor Control Able to blow bubble. Decreased motor planning with tongue movement but able to stick tongue out of mouth. Doing well with chewing. Communicates with sign language and some verbalization. Motor Strength Can crawl approximately 10 feet and play in quadruped for 5-10 minutes. Can open and close caps on markers most of the time. Impressions

		3 year 8-month-old has received therapy once weekly for past two(2) years. Making progress towards goals in the past rating period. Continue services. Treatment Plan Consultation, evaluations, home program school program, functional ADLs, therapeutic exercises once weekly x 30 minutes for six(6) months starting on April 16, 2007.
5/15/07	San Diego County North Coastal Consortium for Special Education	**IEP** Pre-Academic Functional Skills: She can label at least six(6) colors and six shapes. She can label ten(10) body parts. Reading: recognizes printed name and several names of classmates. Written Expression: Imitates a vertical and horizontal line Math: She can count objects to ten(10) and label numbers 1-10.
5/23/07	Children's Hospital and Health Center *Maureen Miller, MA, CCC-A*	**Audiometric Evaluation** Impressions Normal middle ear pressure and compliance bilaterally. Mild to moderate hearing loss in right hear and moderate loss for left ear detected. Speech reception consistent with these results. Aided thresholds indicate mild residual loss. Recommendations 1. Re-evaluation serially every three(3) to four(4) months. 2. Otoacoustic emissions testing 3. Amplification 4. Electroacoustic analysis for hearing aids in six(6) months.
6/19/07	Pinellas County Schools Occupational Therapy *Susan Gedney-Ververs, OTR/L*	**Initial Occupational Therapy Evaluation** General Observations Transitions with unsteadiness. Shakes when moving about the environment, falls easily and uses uncoordinated techniques when sitting. Easily distracted with short attention span. Evaluation Results Self Help: Needs help to fasten clothes, dress and underuse's her upper and lower body. With cues will attempt but not complete. This is due to lack of strength and short attention span. Needs constant cueing to eat, take bites and swallow. Chews inefficiently. Mobility: Unsteady and has fallen. Gross Motor Skills: weakness throughout her body. Falls frequently. Fine Motor/Visual Motor Skills: Can hold scissors and paper for a short time. Did not attempt to cut paper. Can hold a writing utensil with modified tripod grasp but cannot draw basic pre-

		writing lines. Sensory Processing: Blind right eye with hearing impairment. Decreased balance in standing, unsupported sitting. Strengths: Follows directions. Can transition from sit to stand and stand to sit, though unsteady. Can assist with some dressing./undressing and will sit on commode when prompted. Functional Concerns/Educational Implications Difficulty with transitions, fine motor skills, gross motor skills. Difficulty with clothing management, pulling pants up and down and operating fasteners.
7/26/07	*Daniel Madock, DC*	**Chiropractic Visit** *[bill only]* Massage therapy
No date	Cascade DAFO, Inc.	**Order Form** *[bill only]* Charge for PollyWog shoe inserts
8/22/07	Pinellas County Schools Physical Therapy *Shaunn DeMuth, MPT* *Kerry Ault,* Teacher of the Visually Impaired	**Physical Therapy Re-Evaluation** Began the pre-school program in June 2007. General Observations Petite, ambulatory child with one(1) word utterances. Speech difficult to understand at times. Obvious postural and musculoskeletal anomalies evident with marked balance deficits and instability noted. Apparent leg length discrepancy (right longer than left), decreased graded active motor control of LLE, ligamentous laxity throughout and sometimes decreased regard of left arm. She lost focus and attention once for approximately 40 seconds with eyes open but no verbal or visual response. She did not have her glasses on this date. Evaluation Results Self Help: She is not yet toileting. OT will address this. Mobility: Uses rolling walker until June or July. Still with marked instability and frequent loss of balance. Transitions from floor to stand without support. Needs close supervision when mobilizing. Gross Motor Skills: Left side neuromuscular impairment impacting leg more so than arm. Thought at times she could not use her arm to assist in activities. Passive range of motion indicates increased ROM throughout with ligamentous laxity. Increased internal rotation at both hips. Bilaterally flat footed with marked collapsing of medial midfoot on the left. Right shoulder higher than left. Increased left lateral trunk flexion. Crossing of midline was decreased

		and effortful. Delayed protective reactions. Tracks with both eyes in unison though she has some visual impairment. Fine Motor/Visual Motor Skills Proximal instability impacts her overall fine motor control. During course of her evaluation needed verbal cues to engage left arm. This will be addressed by OT. Sensory Processing Decreased body space awareness and overall lack of refined motor control impact her functioning in the educational setting. Functional Strengths Ambulatory, happy, alert and responsive child. Transitioned with therapist and tolerant of imposed movement patterns. Functional Concerns/Educational Implications 1. Neuromuscular impairments impact overall gross motor development, safety and motor control. 2. Decreased active graded motor control impacting left side of body. 3. Visual and hearing deficits 4. Proprioceptive awareness deficits. 5. Marked instability relative to maintaining static postures and mobilizing through space. 6. Increased safety concerns related to mobilization in educational setting.
9/26/07	Pinellas County Schools Functional Vision Assessment Learning Media Assessment *Kerry Auld, Teacher of the Visually Impaired*	**Functional Vision Assessment** Some nystagmus noted. When tracking an item there is some head movement, jerky, nystagmus. Light sensitivity exhibited to pen light. Near vision 20/32 with LEA symbols. When right eye is covered her left eye turns out. When left eye is covered, nystagmus began in right eye and did not tolerate this eye being covered. This could represent some light perception in the right eye. Distance visions: 20/32 using LEA symbols. **Learning Media Assessment** Savannah's primary sensory channel is her vision and second is auditory. No enlargement of print is recommended at this time. Recommendations She compensates well for the vision loss in right eye. Needs good lighting without glare. Position away from windows and position so she faces teacher on the left side of teacher. May need a slant board when she begins writing.
10/30/07	District School Board of Pasco County	**Individual Education Plan** Special factors

	Seven Oaks Elementary School	Language and communication needs, assistive technology, special transportation, Braille needs. Present Level of Performance Savannah has bilateral mild to moderate hearing loss. She uses hearing aids and gets aided responses in the mild range. She wears a wireless FM unit at school. She repeats words and phrases frequently. She spontaneously produces 1-2 words. She can identified objects, actions and function in pictures. Oral motor movements are normal. She can produce several speech sounds correctly and spear food with a fork. She can toilet and pull pants up and down and copy a two(2) inch circle neatly. She has difficulty with f, v, s and z sounds. She has difficulty with dressing and hand washing and requires maximum assistance for putting on her shoes. She takes them off independently. Educational needs include correctly producing sounds, understanding and expressing vocabulary, hearing, remembering and comprehending spoken words. She needs to develop dressing, writing and cutting skills and improve her campus mobility. Braille is not appropriate in reading or math due to her residual vision. Education Services this school year Instruction in communication skills – daily Speech/Language therapy – 90 minutes weekly Consultation/Visually impaired – Monthly Acoustical treatment – Daily FM Amplification equipment – Daily Amplification monitoring – Daily Audiology Services – PRN Special transportation services – Daily OT – 30 minutes weekly PT – 30 minutes weekly
11/7/07	District School Board of Pasco County *Kelly S. Lugardin MS, CCC, SLP*	**Initial Speech and Language Evaluation Report** Savannah demonstrates low vocal intensity due to poor breath support. She typically uses one(1) to two(2) word utterances to communicate and does not initiate conversation. She has difficulty answering “wh” questions. She does imitate up to four(4) word utterances with modeling. Identified Needs Articulation; voice, volume; language-semantics/vocabulary: simple sentences, basic concepts, adjectives, adverbs; Language syntax and Morphology: plurals, verb tenses, pronouns, “wh” questions, constructing sentences.

12/7/07	District School Board of Pasco County *Catherine Raulerson, Ed.S, BCABA*	**Psychological Evaluation** Screenings Vision – with glasses 20/32 with use of LEA symbols. Difficulty with convergence and ocular pursuit. Nystagmus noted. Blind in right eye and optic nerve damage in left eye. Audiogram (5/23/07) Indicated sensorineural hearing loss in both ears. Uses bilateral hearing aids. Per her parents she communicates primarily through sign language and can use over 200 signs. Summary and Recommendations Savannah's adaptive skills in the conceptual, social and practical domains are in the extremely low range for her age in both home and school settings. Parents ratings on the Developmental Profile III indicate her physical, social, emotional and communication skills are delayed for her age. Her cognitive skills are below average per the parental checklist as well. Classroom observation indicates she can name her letters, read her printed name and count to ten(10). Her strengths include her motivation and outgoing personality. Recommendations 1. Classroom with low pupil/teacher ratio. 2. Use frequent verbal praise. 3. Take every opportunity to increase her vocabulary. 4. Continued direct instruction and repetitive practice for writing numbers and letters of her name.
1/18/08	6th Medical Group *Robert D. Lewis, MD*	**Pediatric Office Visit** Diagnoses 1. Retinal detachment right eye. Referred to Ophthalmology 2. Cerebral Palsy Hemiplegic. Referred to Orthopedics 3. Hearing Loss. Referred to Audiology 4. Impetigo. Mupirocin topically.
4/30/08	Seven Oaks Elementary School Parent Conference	**Parent Conference Form** Spontaneous language has improved from 1-2 words to 3-5. Improvement also noted in areas of cutting and donning shoes. She is beginning to write her name without assistance. Small groups recommended for education. Family reports difficulty with communication at home. Suggested use of visual support at home.

		Discussed need for better communication with therapy to parents. Parents shared information regarding an incident in October when they thought she was missing (took bus to Discovery Point?). Parents decided to tell administration at this time as they felt they did not have access to administration and that communication was a problem. Parents said they notified the office and there was a lack of response. Video taping of classroom contact information given to parents for attorney.
5/9/08	Seven Oaks Elementary School Parent Conference	**Parent Conference Form** ESY recommendations reviewed (*recommendations to use during summer break)*. Probable site will be Lake Myrtle Elementary School. Regression discussed and felt to be significant. Needs significant intervention to recruit lost skills.
5/16/08	New Tampa Pediatrics *R. Dubey, MD* *H. Kapur, MD*	**Physician Order** Please allow Savannah to ride on an A/C bus.
5/27/08	District School Board of Pasco County Seven Oaks Elementary School	**Individual Education Plan** General Goals 1. Correctly produce f, v, s , z sounds in structured sentences 90% over five(5) occasions. 2. Consistently follow classroom routines using visual support three(3) out of four(4) opportunities during a nine(9) week period. 3. Auditorily discriminate between similar sounding words three(3) out of four(4) times during nine(9) week period. 4. Complete daily toileting routine with visual and verbal prompting three(3) out of four(4) times in nine(9) week period. 5. Print letters and numbers without a model with 80% accuracy on four(4) consecutive attempts. 6. Cut a circle within ¼ inch on four(4) consecutive attempts. 7. Connect three(3) out of four(4) snaps on a vest on four(4) consecutive attempts. 8. Improve left leg strength and be able to do three(3) out of four(4) short term objectives by end of the 2008-2009 school year. 9. Correctly answer “wh” questions regarding auditorily presented material during therapy/teacher directed activities with 80% accuracy over five(5) occasions. OT Goals

		1. Brush hair and teeth twice daily. 2. Fully dress self 3. Wash body with soap and shampoo hair. 4. Feed self with spoon, fork and drink with open glass or cup without spilling. 5. Toilet training. PT Goals 1. Sit cross legged and diminish "W" sitting and exciting bouncing 50% of the time. 2. Negotiate multiple stairs without aid of rail or adult support. 3. Stand on each foot for five(5) seconds while balancing. 4. Jump 6" vertically and 1" in distance with balance. 5. Hold pen or pencil correctly and use for five(5) minutes. ST Goals 1. Answer direct questions re: her age, name, how she is doing. 2. Phonetically identify letters and sound out single letters in words. Educational Goals 1. Write full name, age, alphabet and numbers to 20 without tracing. 2. Count to 100 without visual aid or prompt. Student Education Services 2008-2009 school year Resource room – Daily ST – 90 minutes weekly Consult/Visually impaired – Monthly Support facilitation – Daily Proximity seating – As needed FM amplication equipment – Daily Cueing for direction – Daily Repeat, clarify or summarize directions – PRN Paraphrasing by student/teacher – PRN Peer Buddy – PRN Daily home note – Daily Toileting assistance – Daily Amplification monitoring – Daily Audiology services – PRN Special transportation services – Daily OT – 30 minutes weekly PT – 30-45 minutes weekly
St. Joseph's Hospital 7/24/08 - 7/26/08		
7/24/08	St. Joseph's Hospital *Nancy Williams-Wallace, MD*	**Operative Report** Eye examination under anesthesia. Diagnosis: Aphakia OD
7/24/08	St. Joseph's Hospital *James S. Hanner, MD*	**MRI of the Brain without Contrast** Impression 1. Periventricular leukomalacia

		2. Abnormal signal intensity within the right globe felt to represent a chronically detached retina.
7/24/08 To 7/25/08	St. Joseph's Hospital *Jose Ferreira, MD*	**Long-term Video EEG Monitoring** Final Impression Baseline and interictal EEG – abnormal with mildly slow and disorganized background activities with frequent spike activities seen in the right central and on the vertex regions with occasional spread diffusely on bicentral head regions. This is consistent with some cortical dysfunction and some increased potential for the development of seizures. Also suggests some pathology and should be correlated with neuroimaging studies if clinically indicated.
7/26/08	St. Joseph's Hospital *Jose Ferreira, MD*	**Discharge Summary** Admission Diagnoses 1. Paroxysmal Events (rule out seizures) 2. Developmental delay Discharge Diagnoses 1. Nonepileptic paroxysmal events 2. Developmental delay 3. Cerebral palsy Consultations 1. Sridhara Sastry, MD 2. Nancy Williams-Wallace, MD, Ophthalmology Procedures 1. Continuous video EEG monitoring 2. MRI of the brain 3. Eye examination under anesthesia History Four(4)-year-old admitted with episodes of staring suggesting seizures associated with history of cerebral palsy and developmental delay. Hospital Course Dr. Williams performed a detailed examination o the eye and the results were discussed with the parents. The MRI showed some periventricular leukomalacia and abnormal signal intensity within the right globe of the eye in the posterior chamber felt to represent a chronically detached retina. This was consistent with the eye examination. A brainstem auditory evoked potential study without her hearing aids showed now response. A video EEG showed a couple of episodes of eye rolling with staring described by the parents though no electrographic seizures were seen on the EEG. CPK level was elevated clinically. Mitrochondrial DNA analysis was sent and is pending at discharge. Discharge Plans

		1. Continue with current therapies. 2. Seizure precaution as EEG showed frequent spike activities in vertex and right central regions maximally. Parents had questions about hyperbaric chamber for treatment of CP and developmental delay. Explained that we do not have a current indication for treatment. F/U with neurology in two(2) months.

12/2/08	Rehabilitation and Electrodiagnostics *Paul B. Kornberg, MD, Physiatrist*	**Evaluation of Rehabilitative Needs** *(Letter to Rita Dubey, MD)* This adorable 5-year-old is receiving PT, OT and ST twice weekly through St. Joseph's Children's Hospital in Tampa. She also receives school based therapies and Hippotherapy [through Quantum Leap. She attends Seven Oaks Elementary School in a varying exceptionality classroom. Dr. Kornberg thoroughly reviewed her previous medical evaluations and treatments. Review of Systems Difficulty with mobility and weakness in muscles. Mother mentions possibility of some spasticity. History of bilateral hearing loss with hearing aids. Remote history of seizures with none since she left the hospital after birth. Vision loss with history of increased intraocular pressure bilaterally, complete vision loss in right eye and optic nerve damage in left. However, her vision is reportedly 20/20 – 20/30 in the left eye. She is followed by Ophthalmology. There are some oral sensory issues with food textures though she handles various textures fairly will with no difficulty swallowing liquids. She has trouble with safety awareness, problems solving, impulsivity and communication. The previously identified leg-length discrepancy has "virtually resolved" per her mother through chiropractic treatment. The mother describes low muscle tone and left hemiplegia. A MRI in July revealed periventricular leukomalacia and abnormal signal intensity within the right globe, felt to represent a chronically detached retina. Functional/Developmental History Now walking independently for short distances and uses w/c for long distances. Able to remove clothing with extra time and requires assistance with dressing. She has receptive langue skills of two years and three month old with expressive skills of two years 11 month. She can feed herself and drink form an open cup. Due to distractibility she requires some assistance or she would not have adequate intake. She can climb two(2) steps. Special Equipment Stroller, which is being upgraded to a wheelchair Bilateral hearing aids She used AFO's in the past – DAFO #3.5 Using sure Step ankle-foot orthosis on the left HEKO brace to prevent hyperextension in stance They are working with a training service on a

		training dog Physical Examination Right corneal clouding noted. Extremities: A very mild leg-length discrepancy is noted in the left leg, which is .25 cm shorter than the right from the ASIS to the medial malleolus. Neurologic: Gaze slightly disconjugate. Tone decreased generally with question of mild increase in tone in distal LLE. No spasticity noted. Strength difficulty to test due to questionable effort. Bilateral upper extremities appear to be 4/5. Proximal LE strength appears to be at least 4/5. DTRs depressed throughout. Fine motor skills are impaired. She communicates with single words but is fairly distractible. Gait has a tendency for initial contact on the left with her forefoot. She achieves heel strike approximately 75% of the time and occasionally has initial contact with flat foot. On the right she has initial contact with the heel to toe or foot flat. She tends to internally rotate the lower extremities, left greater than right and demonstrates variable adduction. She prefers to 'W' sit. Assessment 1. Hypotonic cerebral palsy with question of mild dynamic hypertonicity/spasticity on the left. 2. History of vitreous hemorrhage, vitrectomy and membrane peel on the right eye with reported complete loss of vision. 3. Bilateral hearing loss 4. Global developmental delay 5. Seizure history 6. Periventricular leukomalacia 7. History of neonatal thrombocytopenia and suspected sepsis 8. Gait disorder Recommendations 1. Continue PT due to generalized decreased strength, endurance, gross motor skills and functional mobility. Continue home program. 2. Continue OT in activities of daily living, fine motor skills, visual perceptual skills, adaptive equipment and a home program. 3. Continue ST regarding communication, cognition and oromotor skills. 4. Continue ongoing Hippotherapy to facility trunk strengthening and improve gait. 5. Continue Sure Step braces for the feet to

		help with foot positioning and prevent progressive deformity. Recommend continued use of HEKO brace with plans to try to wean it. 6. Continue general strengthening and endurance program as she ages due to her weakness, hypotonicity and tendency to fatigue. 7. Monitor vision through ophthalmology and consider Vision Support Services as indicated. 8. Continue Audiology follow up. 9. Mother was provided with information on community-based resources and advocacy groups. **10.** It is difficulty to provide long-term expectations regarding her functional independence. I expect she will continue to make progress with her functional skills, however her cognitive abilities will be a significant limiting factor to the overall degree of independence as she ages. Sensory loss will also impact this. I anticipate that even in the best of circumstance, she will continue to require some degree of assistance or supervision as an adult with higher level functional activities and executive function. 11. Mother was given the name of a local pediatric neuropsychologist in case neuropsychological testing is not available at school. 12. Follow up in four(4) months or sooner.
10/24/08	District School Board of Pasco County Seven Oaks Elementary School	**Individual Education Plan** **Services:** Speech therapy- 90 minutes weekly Resource room/math-30 minutes daily Consultation/Visually Impaired Monthly OT 30 minutes weekly PT 45 minutes weekly Special transportation to and from school Audiology Services- bases on teacher

		determination Proximity seating FM amplification Cueing for directions Rephrase/paraphrase directions Peer buddy Daily home note Toileting assistance Due to Savannah having difficulties in a basic kindergarten program her parents have decided to delay entry into kindergarten until next year.

Diagnoses:

Primary Diagnosis: Intraventricular and intraparenchymal hemorrhage of fetus with right parieto-occipital hemorrhagic infarction resulting in hypotonic cerebral palsy

- Global developmental delays
- Mild left hemiparesis
- Convulsions, newborn
- Transient neonatal thrombocytopenia
- Hemolytic disease of fetus
- Hypocalcemia
- Hypomagnesemia
- Hyperkalemia
- Visual impairment – right eye blindness, decreased acuity in left eye Old total retinal detachment; optic atrophy
- Right eye aphakia
- Left eye nystagmus
- Moderate to severe sensorineural hearing loss
- Moderate to severe speech and language disorder
- Stridor (newborn)
- Severe retinal and vitreous hemorrhage
- Suspected sepsis, on antibiotics, at birth
- Mild planovalgus deformities requiring SMOs
- Nonepileptic paroxysmal events
- Gait disorder with leg length discrepancy on the left

Current Medical/School Providers:

Paul B. Kornberg, MD- Physiatrist
Jose Ferreira, MD-Neurologist
Tomothy Bradley, MD-Orthopedist
Greg Spirakis, Audiologist
Jack Guggino, MD –Ophthalmologist
Rita Dubey, MD –Pediatrician

Tim Bain-Chiropractor
Miriam Probst-Teacher

Equipment:

Oticon Adapto P hearing aids and hearing aid supplies
FM unit
Shoe inserts
Heko knee brace
Surestep AFOs
MacLaren stroller

Social Status/Family Information

Savannah lives with her parents, David and Janelle at 3612 Hickory Hammock Loop, Wesley Chapel, Florida.

Janelle Hill was born in Havelock, North Carolina on July 29, 1972. She obtained a BA from East Carolina University and a MS in Information Management from Syracuse University. She is self-employed in a full-time position as a Federal Concierge providing financial budget and capital asset analysis, portfolio management of large federal capital assets, business case reviews, scoring and evaluations of capital assets, coaching, mentoring, training, and related support functions. Her work requires out-of-state travel approximately 4-9 days per month. While her mother is away Savannah is cared by her father, hired caregivers and grandparents.

Janelle has a history of a blood clotting disorder. She also has causalgia which flares up three to four times a year for 10-12 days each.

David Hill was born in Pasadena, Texas on September 30, 1969. He obtained a BS from Texas A & M University and completed master's level courses in criminal justice at Sam Houston University. He has been active in the Marine Corp since 1996. His rank is Major 04. His job is Deputy of Collection Manager for Special Operations Command at MacDill Airforce Base located in Tampa, Florida. His work requires travel within the United States approximately one time each quarter year for approximately one to two weeks at a time. He is currently actively deployed and may go annually. He is healthy other than experiencing joint pain due to overuse and migraines.

David and Janelle were married on July 25, 2004. They report significant marital strain secondary to the demands of caring for Savannah and worrying about her future. In the past they participated individual and marital counseling.

Schedule:

The following is Savannah's schedule as of March 2009.

Sunday – Rest Day
Monday – 9:30 –3:35 school, then until 6:00 Day Care program. 7 –8 pm PT at My Gym
Tuesday -9:30 –3:35 school, then until 5:00 Day Care program. 5:15 Chiropractor
Wednesday – 8:30 – 10:00 PT, OT, ST, then school until 3:35, then day care until 6:00 pm
Thursday - 8:30 – 10:00 PT, OT, ST, then school until 3:35, then day care until 6:00 pm
Friday 8:30 Chiropractor, then school until 3:35, then day care until 6:00 pm
Saturday – Therapies: My Gym 11:30 – 12:30. Hippotherapy and Special Needs Swim Lessons will be or are also on Saturdays but those vary.

Educational Status:

Savannah attends a pre-kindergarten class at Seven Oaks Elementary. Services provided in the school setting are outlined in the medical chronology section of this report. Attempts to maintain her in a varying exceptionality classroom early in the 08-09 school year were met with significant problems and she is now back in the pre-k setting. Her parents are considering placement in a private school or Charter school setting in the future.

Current Functional Status:

Savannah is right hand dominant. She is ambulatory without aides for short distance but utilizes a wheelchair for longer distances. She is able to feed herself with the spoon or fork with cueing from mom secondary to distractibility. The family is working on potty training. Savannah utilizes ankle foot orthoses and a left HEKO brace.

Savannah wears bilateral hearing aids and glasses. A FM unit is utilized in the school setting. Bathing and dressing is completed with the assistance of the parents or other caregivers. Savannah is able to take off and put on a shirt, pants, socks and shoes. Assistance is required with snaps, buttons and shoe laces. The family utilizes a therapy dog "Lucy" for Savannah.

Savannah uses sign and verbal language to communicate her needs. Her receptive language skills are at 2 year 3 month level and expressive language skills are at the 2 year 11 month level.

Life Care Plan Development:

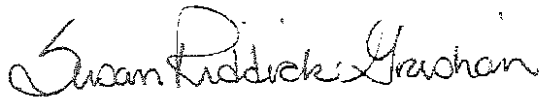
In order to develop the Life Care Plan I interviewed the family on March 2, 2008. Regular telephone and email contact with the parents allowed me to stay up-to-date regarding the ongoing medical, therapeutic and school evaluations and treatment. Dr. Paul Kornberg was consulted in the development and finalization of the Life Care Plan. Drs. Guggino, Spirakis and Ferreira were also contacted as was caregiver Susan Capodanno.

Summary/Conclusions:

Savannah Hill is a 5 year-old child with who suffered from an intracranial hemorrhage at birth. Today she presents with global developmental delays including impaired language/communication skills, impaired gross motor skills with decreased tone throughout except in the distal lower extremity, impaired fine motor skills, complete vision loss of the right eye and bilateral hearing loss. Her combined physical, cognitive/intellectual and sensory deficits will compromise her ability to learn, socialize, work competitively, and be as independent as her peers. In adulthood, Savannah will require supervision and direct care to maintain her health and well being as well as safety in the home and community.

The Life Care Plan Charts which follow outline her future needs as outlined by her current clinical providers. Should Savannah experience any change in her medical or psychosocial status, the Life Care Plan will require revision to address the changes.

Respectfully submitted,



Susan Riddick-Grisham, RN, BA, CCM, CLCP